MOSES CONE HEALTH SYSTEM

PHYSICIAN'S ORDERS

*A generically or therapeutically equivalent drug as approved by the Pharmacy Committee may be dispensed unless specifically stated.

START HERE →	DATE	TIME	DRUG SENSITIVITY / ALLERGY	
			1.	2.
			3.	4.

UNSAFE ABBREVIATIONS

DO NOT USE	U or u	.1 mg	.10 mg or 1.0 mg	μg	MS or MSO4	MgSO4	IU	QD	QOD	AD	AS
USE	Units	0.1 mg	0.1 mg or 1 mg	mcg or micrograms	Morphine	Magnesium Sulfate	International Unit	Daily	Every Other Day	Right Ear	Left Ear

TIA ADMISSION ORDERS

1. **Admit as:** ☐ Observation (ABCD^2 = 0 - 7) (See reverse side for ABCD^2 score sheet.)
   Responsible Physician: ☐ ________________ ☐ Stroke MD
2. **Diagnosis**: TIA
3. **Condition**: ☐ Good ☐ Fair
4. **Bed Type**: ☐ CDU Telemetry ☐ Telemetry (prefer 3000)
5. **Perform:** NIHSS if not already completed
6. **Telemetry**: x 24 hours
7. **Activity**: BRP with assistance
8. **Diet**: Strict NPO (no meds, ice, or sips) until swallow screen
9. **Stroke Swallow Screen by RN**. Place completed form in progress notes. If pass, start ________________ diet.
10. **Oxygen**: Pulse ox q4h. Call for sats < 92%
11. **Vitals**: q4h
12. **Neuro checks**: q4h (use Neuro Flow Sheet)
13. **CBGs**: ☒ ac & hs for patients with initial glucose > 140
14. **Notify MD:**
    - Systolic BP greater than or equal to 180 or less than 100
    - Diastolic BP greater than or equal to 105 or less than 70
    - Blood glucose greater than 200 or less than 50
    - Change in neuro exam
    - Respiratory rate greater than 30
    - Pulse less than 50 or greater than 120
    - Temperature greater than 100.5° F
15. **I & O:** q shift
16. **Labs** (if not done in ED):
    ☒ CBC ☒ PTT ☒ Cardiac enzymes ☐ Urine drug screen ☐ Pregnancy test
    ☒ CMET ☒ UA ☒ Fasting lipid profile in AM ☐ ETOH ☐ ABG
    ☒ PT/INR ☒ HgbA1c
17. **Tests** (if not done in ED):
    ☒ CT of head without contrast ☒ MRI of brain without contrast ☐ EEG
    ☒ EKG ☒ MRA of brain without contrast ☐ CXR (if history of lung disease)
    ☒ 2D echocardiogram ☐ MRA of neck with contrast
    ☒ Carotid Dopplers
18. **Brain Attack Booklet**
19. ☐ Tobacco cessation consult (patient is a current tobacco user and/or has used tobacco in the past 12 months).
20. **VTE Prophylaxis:** ☐ No VTE prophylaxis (state reason; e.g., independent with ambulation):________________
    ☐ Enoxaparin 40 mg sq daily (reduce dose to 30 mg if CrCl <30 ml/min or weight ≤45 kg)
    ☐ SCDs for VTE prophylaxis if enoxaparin contraindicated
21. **Medications**:
    ☐ Normal saline @ _____ml/hr
    ☐ Aspirin 325 mg PO daily (if passed swallow screen). Start today.
    ☐ Acetaminophen (Tylenol) 650 mg PO q4h prn temperature > 99.5° F or mild pain
    ☐ See Medication Reconciliation form
    Other Medications:____
22. **Patient education on risk factors:** ☐ Hypertension ☐ Diabetes ☐ Tobacco abuse ☐ BMI>24
    ☐ Hyperlipidemia ☐ ↑ Triglycerides ☐ Hypercoagulopathy ☐ Atrial fibrillation ☐ PFO
    ☐ Sedentary lifestyle ☐ Carotid stenosis ☐ Excessive ETOH ☐ Sleep apnea

Verbal/phone order via Dr. ________________________ / ____________________ RN

☐ Verbal orders read back for verification _________ Date: ___________ Time:________

SHPHYO

Physician ***Signature*** DATE/TIME | Physician **PRINTED** Name / Contact #

Nursing Secretary DATE/TIME | RN DATE/TIME

White – Chart Yellow – Pharmacy 24 HOUR CHART CHECK ________________

ABCD² SCORING

Risk Factor	Points	Score
Age ≥ 60 years	1	☐
Blood Pressure Systolic BP ≥ 140 mm Hg OR Diastolic BP ≥ 90 mm Hg	1	☐
Clinical features of TIA (choose one) Unilateral weakness with or without speech impairment OR Speech impairment without unilateral weakness	 2 1	☐
Duration TIA duration ≥ 60 minutes TIA duration ≥ 10-59 minutes	 2 1	☐
Diabetes	1	☐
Total ABCD² Score	**0-7**	☐

USING THE ABCD² SCORE

ABCD² Score	2-day Stroke Risk	Comment
0-3	1.0%	Hospital observation may be unnecessary without another indication (e.g., new atrial fibrillation)
4-5	4.1%	Hospital observation justified in most situations
6-7	8.1%	Hospital observation worthwhile

CDU EXCLUSION CRITERIA

- Head CT imaging positive for bleed, mass, or acute infarction
- Known extra-cranial embolic source (history of atrial fibrillation, cardiomyopathy, artificial heart valve, endocarditis, known mural thrombus, patent formane ovale, or recent MI)
- Known carotid stenosis >70%
- Any persistent acute neurological deficit or crescendo TIAs
- Non-focal symptoms (i.e., confusion weakness, seizure, transient global amnesia)
- Hypertensive encephalopathy
- Severe headache or evidence of cranial arteritis
- Acute medical or social (poor home support) issues requiring inpatient admission
- Prior large stroke, making serial neurological examinations problematic
- Pregnancy